

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	Unassigned
Filing Date::	08/23/2006
Application Type::	Regular
Subject Matter::	Utility
Title::	INFORMATION MANAGEMENT SYSTEM AND METHOD
Attorney Docket Number::	214615.00018
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figure 1
Total Drawing Sheets::	35
Small Entity?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full-Capacity
Given Name::	Bradley C.
Family Name::	HANSON
City of Residence::	Harrisburg
State or Province of Residence::	SD
Country of Residence::	US
Street of Mailing Address::	27332 Ridgeway Road
City of Mailing Address::	Harrisburg
State or Province of Mailing Address::	SD
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	57032

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GB
Status:: Full-Capacity
Given Name:: Christopher E.
Family Name:: MURFIN
City of Residence:: Sioux Falls
State or Province of Residence:: SD
Country of Residence:: US
Street of Mailing Address:: 4809 S. Kyle Avenue
City of Mailing Address:: Sioux Falls
State or Province of Mailing Address:: SD
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 57103

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full-Capacity
Given Name:: Staci L.
Family Name:: UNRUH
City of Residence:: Sioux Falls
State or Province of Residence:: SD
Country of Residence:: US
Street of Mailing Address:: 4801 S. Kyle Avenue
City of Mailing Address:: Sioux Falls
State or Province of Mailing Address:: SD
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 57103

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full-Capacity
Given Name:: Jeana M.
Family Name:: SQUIER
City of Residence:: Monroe
State or Province of Residence:: SD
Country of Residence:: US
Street of Mailing Address:: 220 N St., E.
City of Mailing Address:: Monroe
State or Province of Mailing Address:: SD
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 57047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full-Capacity
Given Name:: Michael J.
Family Name:: CONLIN
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 4816 Drew Ave., S.
City of Mailing Address:: Minneapolis
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55410

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 27160
Telephone Number:: (202) 625-3547
Fax Number:: (202) 298-7570
E-Mail address:: andrew.bateman@kattenlaw.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	27160
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2006/011148	03/24/2006